

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P12583

1. Entity Name
SHELTER ADVERTISING OF AMERICA, INC.



Principal Place of Business

**200 E BASSE ROAD
SAN ANTONIO, TX 78209 US**

Mailing Address

**200 E BASSE ROAD
SAN ANTONIO, TX 78209 US**

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1186658

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAYS, LOWRY L
STREET ADDRESS	200 E BASSE RD
CITY-ST-ZIP	SAN ANTONIO, TX 78209
TITLE	P
NAME	MEYER, PAUL J
STREET ADDRESS	2850 E CAMELBACK RD #300
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	VPAS
NAME	TONCHEFF, LAURA C
STREET ADDRESS	2850 E CAMELBACK RD #300
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	VPTR
NAME	TINGEY, KURT
STREET ADDRESS	2850 E CAMELBACK RD #300
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	S
NAME	WYKER, KENNETH E
STREET ADDRESS	200 E BASSE ROAD
CITY-ST-ZIP	SAN ANTONIO, TX 78209
TITLE	VP
NAME	ROSALES, STEPHANIE A
STREET ADDRESS	200 E BASSE ROAD
CITY-ST-ZIP	SAN ANTONIO, TX 78209

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04/29/04-80120-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie Morales 4/21/04 210.832.3473

Date

Daytime Phone #